FY 09-10 LME FUNDING REDUCTIONS: METHODOLOGY, COMMUNITY DECISIONS & IMPACTS

Joint Legislative Oversight Committee on Mental Health, Developmental Disabilities, and Substance Abuse Services November 10, 2009

LME STATE FUNDING REDUCTIONS

Total Reductions: \$60,017,219

■ General Services Reduction: \$40,000,000

State Funds supplementing CAP-MR/DD Consumers: \$16,000,000

LME STATE FUNDING REDUCTIONS

- "Non-Core" Community (Comprehensive Treatment & Service Program): \$4,017,219
- Reduction = 16% of total recurring
 State/Federal service dollars

Note: \$15,000,000 - 5% Reserve reallocated to community services

\$15,000,000 RESERVE REALLOCATED TO LMEs

			Additional
	Original Pro	Revised Pro	Funding Available
LMEs	Rata Reduction	Rata Reduction	
Alamance-Caswell	757,422	390,039	367,383
Albemarle	909,354	468,277	441,077
Beacon Center	751,444	386,960	364,484
Centerpoint	1,773,404	913,224	860,180
Crossroads	972,686	500,890	471,796
Cumberland	874,381	450,268	424,113
Durham	875,054	450,614	424,440
Eastpointe	1,007,312	518,721	488,591
ECBH	1,741,704	896,900	844,804
Five County	1,150,458	592,435	558,023
Guilford	1,393,235	717,454	675,781
Johnston	388,991	200,313	188,678
Mecklenburg	1,959,193	1,008,897	950,296
Mental Health Partners	952,891	490,696	462,195
Onslow-Carteret	426,740	219,752	206,988
Orange-Person-Chatham	993,858	511,792	482,066
Pathways	1,670,495	860,231	810,264
Piedmont	1,813,210	933,722	879,488
Sandhills	2,027,663	1,044,156	983,507
Smoky Mountain	2,234,284	1,150,557	1,083,727
Southeastern	896,654	461,737	434,917
Southeastern Regional	1,025,584	528,130	497,454
Wake	2,006,005	1,033,003	973,002
Western Highlands	2,322,978	1,196,232	1,126,746
GRAND TOTAL	30,925,000	15,925,000	15,000,000

LME FUNDING REDUCTION METHODOLOGY

 CTSP reductions (\$4,017,219) were allocated to LMEs in proportion to their total allocation of these dollars

■ State funds/CAP-MR/DD reductions (\$16,000,000) were based on actual data by LME (e.g. total State dollars spent supporting CAP-MR/DD consumers)

LME FUNDING REDUCTION METHODOLOGY

■ General service reduction (\$40.0 million) allocated to LMEs as follows:

*\$2,200,000 in reductions (10.3%) to Cross Area Service Programs (CASP)

*\$21,875,000 (LME fund balance appropriations)

*\$15,925,000 (based on each LME's total non-CASP State/Federal funding allocation)

LME REDUCTION PLAN INSTRUCTIONS

 Protect Crisis Services (e.g. Mobile Crisis Teams, Walk-In Crisis Clinics, DD START Teams)

Reductions taken in State dollars only

 Demonstrate consumer, family, provider and LME Board involvement

LME REDUCTION PLAN INSTRUCTIONS

- Appropriate identified fund balance amount—If not—Why?
- Identify funding reductions by age/disability group & seek to define consumer impacts
- Describe changes in the LME's State Funded Benefit Plan

Note: All LME Reduction Plans have been reviewed and approved by DMH/DD/SAS

LME FUND BALANCE APPROPRIATIONS

Methodology:

- > Multi-County LMEs
 - Exclude approved reserved amounts (all or a portions)
 - Excluded 8% of unreserved amount
 - Assumed that 90% of remaining funds were available for appropriation during FY 09-10 & FY 10-11 (50% per year)

LME FUND BALANCE APPROPRIATIONS

> Single County Programs

Reviewed appropriated vs. actual expenditures for the last two years

 Assumed any difference represented a contribution to county fund balance

LME FUND BALANCE APPROPRIATIONS

>Single County Programs Continued

■ Excluded 8% of the amount and assumed that 90% of the remainder was available for appropriation during FY 09-10 & FY 10-11 (50% per year)

Note: 16 of 24 LMEs were requested to appropriate fund balance to offset the impacts of funding reductions

FUND BALANCE UTILIZATION

Requested LME Fund Balance Appropriation = \$21,875,000

Actual Fund Balance Appropriation = \$24,944,906 (114%)

■ Track LME service expenditures and fund balance utilization during FY 09-10

LME FUNDING REDUCTION STRATEGIES

- No good choices—need to reconcile very limited funding with increasing demand
- Protect core services
- No reductions in Crisis Services
- Protect hospital transition services
- Protect Walk-In Crisis & psychiatric access

LME FUNDING REDUCTION STRATEGIES

Protect residential services

 Across the board reductions for service contracts

LME FUNDING REDUCTION STRATEGIES

- Adjustments in LME Consumer Benefit Plans
 - *Reductions in level of service authorization for both initial and continuing authorizations
 - *Increased frequency of review for intensive/high cost services
 - *Closure of services to new admissions (e.g. Developmental Therapy, Personnel Assistance, Community Support Team, ACTT, etc.)
 - *Setting "caps" on service availability (e.g. limiting the number of State funded consumers who get ACTT at any one time)
- Manage reductions fairly among age/disability groups

GENERAL CONCERNS

 Loss of new initiatives as the system cuts back to protect "Core Services"

 Impact on providers who serve more than one LME as cuts build up

GENERAL CONCERNS

Impacts across the system (e.g. jails, ERs, State Hospitals)

 Increased impacts on consumers & providers as State funding reductions intersect changes in Medicaid rates and service array